Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayay
Full Name of Payee	Date of Public Distribution/Dissemination
Kelly Dolan	08 30 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	70.00
Bellaire NC 77401	Transaction ID: 9f39a566-9c6e-4a67-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Kelly Dolan	08 30 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	10.50
Bellaire NC 77401	Transaction ID : a1bfb65e-096f-4722-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	20.50
(a) SUBTOTAL of Itemized Independent Expenditures	80.50
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	09 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	M M / D D / Y Y Y
Mailing Address 2320 Saint Nick Dr	08 30 2014 Amount
City State Zip Code	50.00
New Orleans LA 70131	Transaction ID: 8634aeee-b55d-43cc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr	00 30 2014
	Amount
City State Zip Code	10.50
New Orleans LA 70131	Transaction ID : 73886164-c4ab-48b8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ O02	M M / D D / Y Y Y Y
Type 002	08 30 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	bursement For: Primary X General
Per Election for Office Sought 101608.51 201	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	60.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expanditures	
(c) TOTAL Independent Expenditures	1 12 12
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	00 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature Date	09 02 2014

Schedule E)		1101120		PAGE 3 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	/ 0 0 / 4 4 4 4
Full Name of Payee Billy Martin			Date of F	Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd			08	30 / 2014
200 00 510/10/114			Amount	
City	State	Zip Code		50.00
goldonna	LA	71031		ion ID: c7c04f54-cc1b-473f-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	101608.51	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Billy Martin			08	
Mailing Address 250 JS Brewton rd			Amount	اللبا التا ا
			Allioun	
City	State	Zip Code		3.00
goldonna	LA	71031	Transaction Date of D	on ID: 16b4311a-9090-46c1-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	101608.51	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	53.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	7 1 7 1 5 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	LITT EXI LITE	, i i di Lo		PAGE 4 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				00000000
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Laura U Logie			Date of Pub	olic Distribution/Dissemination
			08	30 / 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		20.00
Harrisonburg	VA	22801		n ID: 66574dfa-489a-452f-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: 2014 Other (Primary
Full Name of Payee				blic Distribution/Dissemination
Matt Curran			M M M	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1537 Country Lane				
			Amount	
City	State	Zip Code	Transaction	45.00
Kernersville	NC	27284	Date of Dis	ID: 65455c99-11f8-4728-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	['] 30 ['] 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: 2014 Other (: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	Jitures		• •	65.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 02	
Signature				

Schedule E)	TO INDEPENDEN	LAFLIND	ITOTILS		PAGE 5 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (Ir	n Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	ıt PAC				C C00530766
Check if 24-hour report	rt X 48-hour report	New rep	ort Amends rep	port filed or	1 M = M / D = D / Y = Y = Y = Y
Full Name of Payee Matt Curran				С	Date of Public Distribution/Dissemination
Mailing Address 1537	Country Lane			Α	08 30 2014 Amount
City		State	Zip Code	— r	15.09
Kernersville		NC	27284		Fransaction ID : 23d2cd80-0b88-47ce-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	•		Category/ Type 002	2	08
Name of Federal Cand	idate		Support	Office S	Sought: House District: 00
Ms. Kay Hagan			Oppose	PI	resident Senate State: NC
Calendar Year-To-I Per Election for O		2	273337.51	Disburse 2014	ement For:
Full Name of Payee				[Date of Public Distribution/Dissemination
Caleb Craig					08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address ₁₄₁	0 Bushville drive			A	Amount
City		State	Zip Code		80.00
Lenoir	_	NC	28645		ransaction ID: 06e465b7-2fd3-4a40-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	•		Category/ Type 001		08 / 30 / 2014
Name of Federal Cand	idate		Support	Office S	Sought: House District: 00
Ms. Kay Hagan			X Oppose	P	President State: NC
Calendar Year-To-l Per Election for O		7 1 7	273337.51	Disburse 2014	ement For:
(a) SUBTOTAL of Itemiz	zed Independent Expenditure	es		▶	95.09
(b) SUBTOTAL of Unite	mized Independent Expendit	ures		··· •	1 1 2 1 1 2 1 1 2 1
(c) TOTAL Independent	Expenditures			···· • [
with, or at the request o		te or authorized			e in cooperation, consultation, or concert or (if the reporting entity is not a political
Ms. Emily B.	uchanan	[Electron	ically Filed] Da	te 09	02 / 2014

Schedule E)	MI EXI END	TIONES	PAGE 6 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			08 / 30 / 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	27.00
Lenoir	NC	28645	Transaction ID: 909a1c0d-db47-4c14-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	273337.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth M Moore			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1223 Silver Sage Dr Apt 303			Amount
City	State	Zip Code	20.00
Raleigh	NC	27606	Transaction ID : 85eb115f-5fa4-4994-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	273337.51	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		47.00
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		TOTALO		PAGE 7 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Elizabeth M Moore			M	Public Distribution/Dissemination
Mailing Address 1223 Silver Sage Dr Apt 303			Amount	08 30 2014 t
City	-1-	7:- Cada		5.00
City Sta Raleigh N	ate IC	Zip Code 27606		5.28 ction ID: e4c876ad-88b3-44ff-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	2	73337.51	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
Full Name of Payee Eric J Smith			M	F Public Distribution/Dissemination
Mailing Address 4967 Dysartville			Amoun	08 30 2014 t
City	ate	Zip Code		80.00
Morganton N	IC	28655		tion ID : faa1c841-9fce-47a2-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				85.28
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	M M /	02 / 2014

Schedule E)	INT EXI END	ATOTILO	PAGE 8 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			08 30 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	6.60
Morganton	NC	28655	Transaction ID : 38d64871-110c-4218-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 7470ac8a-d3d9-4ad2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		86.60
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	I EXI END			PAGE 9 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Claire A Smith				Public Distribution/Dissemination
Mailing Address 6610 Walcott Rd				08 30 2014
Maining / Mainoso Do IU Walcoll Ru			Amoun	t
City	State	Zip Code		50.00
Paragoud	AR	72450		ction ID : ff67fd23-bfa2-46e9-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		70904.96	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	f Public Distribution/Dissemination
Claire A Smith				08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd			Amoun	
City	State AR	Zip Code 72450	Transac	8.61 ation ID : 620b5170-b343-4e44-9
Paragoud		72450	Date of	f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		8 / 30 / 2014
Name of Federal Candidate		Support	Office Sought:	
Mr. Mark L Pryor		Oppose	Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		70904.96	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∋s		•	58.61
(b) SUBTOTAL of Unitemized Independent Expendit	tures			4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09	02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

Schedule E)	INT EXICITE	ATTOTILES	PAGE 10 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine B Long			08 30 / 2014
Mailing Address 3121 Charleycote Dr			Amount
City	State	Zip Code	20.00
Raleigh	NC	27614	Transaction ID : cd0425e6-98d3-4b7d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 30 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine B Long			08
Mailing Address 3121 Charleycote Dr			Amount
City	State	Zip Code	15.42
Raleigh	NC	27614	Transaction ID: 9f9bd34a-ffcc-47a8-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		35.42
			7- 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	EXI ENDIT	OHEO			PAGE 11 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FFC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC					C00530766
Check if 24-hour report 48-hour report	New report	Amends re	port filed on	M = M	D = D / Y = Y = Y
Full Name of Payee Lee R Carter			Dat	e of Publi	c Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			Am	08 ount	30 2014
City Sta	ato 7 ii	p Code	— r		20.00
		7604			ID: 805ec158-fe90-42fb-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	M M M	30 / 2014
Name of Federal Candidate	ı	Support	Office Sou	ght:	House District: 00
Ms. Kay Hagan		X Oppose		_	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	273	337.51	Disbursem 2014	ent For: Other (sp	Primary
Full Name of Payee			Da	e of Publi	c Distribution/Dissemination
Lee R Carter				M M M	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Am	ount	
City Sta	ate Zi	p Code	—— I		6.30
Raleigh		27604			D: cd8ca432-54b9-44e5-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00:	2	08	30 2014
Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
Ms. Kay Hagan		Oppose	Pres	sident	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					26.30
(b) SUBTOTAL of Unitemized Independent Expenditures	;		,		
			· <u>-</u>	-	7 7
(c) TOTAL Independent Expenditures			····· •		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized co				
Ms. Emily Buchanan	[Electronical	lly Filed] Da	ate 09	/ 02	2014
Signature					

Schedule E)	LIVI LXI LIVI	JII OILLO	PAGE 12 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	t filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			08 30 2014 Amount
City Winston Salem	State NC	Zip Code 27105	42.50 Transaction ID : 4f25c504-f59f-4fc1-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			08 30 2014 Amount
City	State	Zip Code	18.21
Winston Salem	NC	27105	Transaction ID : 6e59472b-a02b-43bf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		60.71
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			
(a) TOTAL INDEPENDENT EXPENDITURES			
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	09 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)		PAGE 13 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 000000700
Check if 24-hour report X 48-hour report A	mends report filed on	M / D D / Y Y Y Y
Full Name of Payee	Date of	Public Distribution/Dissemination
Carol L Snow		08 30 7 2014
Mailing Address 6281 Jenkins rd	Amount	i.
City State Zip Code		10.00
Morganton NC 28655		ction ID : c11331d2-2dbb-4c31-b Disbursement or Obligation
Purpose of Expenditure Salary Category Typ		08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose Presiden	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 273337.51	Disbursement 2014 Oth	For: Primary
Full Name of Payee	Date of	f Public Distribution/Dissemination
Carol L Snow		08 30 2014
Mailing Address 6281 Jenkins rd		
	Amoun	l
City State Zip Code		5.70
Morganton NC 28655	Transac Date of	tion ID: 67172bbe-702b-4af3-9 f Disbursement or Obligation
Purpose of Expenditure Mileage Category Typ	′′ 002	08 / 30 / Y 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought 273337	.51 Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	15.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures reported high with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Check if		include Ly	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Date of Payee Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Da	V'	vomen Speak Out PAC	C C00530766
Mailing Address 2134 Tobeccoville Rd	Ch	eck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 2134 Tobaccoville Rd Amount City State Zip Code Rural Hall NC 27045 Purpose of Expenditure Salary Category On Mark Salary S		Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Rural Hall NC 27045 Purpose of Expenditure Salary Category/ Don's Salary Salary Solary Solar			
Rural Hall Purpose of Expenditure Salary Name of Federal Candidate Moling Address SpS Saint Gabrielle Dr City Salary Siate Purpose of Expenditure City Salary Siate Purpose of Expenditure City Salary Nome of Federal Candidate Moling Address SpS Saint Gabrielle Dr City Siate Purpose of Expenditure Salary Category/ Other (specify) Amount City Siate Purpose of Expenditure Salary Category/ Name of Pederal Candidate Moling Address SpS Saint Gabrielle Dr City Siate Purpose of Expenditure Salary Category/ Name of Federal Candidate Mr. Mark L Pryor Category/ Opose Opose Category/ Opose Disbursement For: Primary Category/ Other (specify) Transaction ID: 1223bd3a-1045-4218-9 Date of Disbursement or Otiligation Transaction ID: 1223bd3a-1045-4218-9 Date of Disbursement or Otiliga		Mailing Address 2134 Tobaccoville Rd	Amount
Rural Hall Purpose of Expenditure Salary Name of Federal Candidate Moling Address SpS Saint Gabrielle Dr City Salary Siate Purpose of Expenditure City Salary Siate Purpose of Expenditure City Salary Nome of Federal Candidate Moling Address SpS Saint Gabrielle Dr City Siate Purpose of Expenditure Salary Category/ Other (specify) Amount City Siate Purpose of Expenditure Salary Category/ Name of Pederal Candidate Moling Address SpS Saint Gabrielle Dr City Siate Purpose of Expenditure Salary Category/ Name of Federal Candidate Mr. Mark L Pryor Category/ Opose Opose Category/ Opose Disbursement For: Primary Category/ Other (specify) Transaction ID: 1223bd3a-1045-4218-9 Date of Disbursement or Otiligation Transaction ID: 1223bd3a-1045-4218-9 Date of Disbursement or Otiliga		City State Zip Code	42.50
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Holly M Tippett Mailing Address 595 Saint Gabrielle Dr Amount City Slate Zip Code Florissant Mo 63033 Purpose of Expenditure Salary Noppose Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement For: Date of Public Distribution/Dissemination Dispursement For: Date of Public Distribution/Dissemination Dispursement For: Date of Disbursement or Obligation Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Date of Public Distribution/Dissemination Dispursement For: Date of Disbursement or Obligation Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Date of Public Distribution/Dissemination Dispursement For: Date of Disbursement or Obligation Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Date of Disbursement For: D			Transaction ID : 571825c2-2111-4000-8
Ms. Kay Hagan		Salany Odlegory/ 001	M M / D D / Y Y Y Y
Ms. Kay Hagan Oppose President Senate State: NC		Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought Full Name of Payee Holly M Tippett Mailing Address 595 Saint Gabrielle Dr City State Zip Code Florissant MO 63033 Furnasaction ID: 1223bd3a-f045-4218-9 Date of Public Distribution/Dissemination Mo 8 30 7 2014 Amount City State Zip Code Florissant MO 63033 Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Was 7 30 7 2014 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought To904-96 City State Zip Code Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Was 7 30 7 2014 Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Control Independent Expenditures Disbursement For: Primary Generally Other (specify) ▶ Control Independent Expenditures Control Independent Expenditures Disbursement For: Primary Generally Other (specify) Primary Generally Other (specify) Primary Generally Other (specify) Primary Generally Other (specify) Primary Ge		Mc Kay Hagan	
Full Name of Payee Holly M Tippett Mailing Address 595 Saint Gabrielle Dr City State Zip Code Florissant MO 63033 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Category Depose Topo4.96 Disbursement For: Primary Gener President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Cother (specify) Cot		070007.54	
Holly M Tippett Mailing Address 595 Saint Gabrielle Dr		Full Name of Paves	
Mailing Address 595 Saint Gabrielle Dr City State Zip Code 30.00 Florissant MO 63033 Purpose of Expenditure Salary Category/ 17ype 001 Name of Federal Candidate Support Mr. Mark L Pryor Soppose President Senate State: AR Calendar Year-To-Date Per Election for Office Sought 70904.96 Calendar Year-To-Date Per Election for Office Sought 70904.96 Category/ 17ype 001 Support Office Sought: House District: 00 President Senate State: AR Calendar Year-To-Date Per Election for Office Sought 70904.96 Category/ 17ype 001 Support Office Sought: House District: 00 President Senate State: AR Calendar Year-To-Date Per Election for Office Sought 70904.96 City Support Office Sought: House District: 00 President Senate State: AR Category/ Other (specify) ► Ca			M M / D D / Y Y Y Y
Florissant MO 63033 Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Topo4-96 Calendar Year-To-Da		Mailing Address 595 Saint Gabrielle Dr	
Purpose of Expenditure Salary Category/ Type Out Office Sought: House District: Outer (specify) Category/ Type Office Sought: House District: Outer (specify) Topose To		City State Zip Code	30.00
Purpose of Expenditure Salary Category/ Type O01 Ma M		Florissant MO 63033	Transaction ID: 1223bd3a-f045-4218-9 Date of Disbursement or Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-To-Date Per Election for Office Sought Togot. 9 Calendar Year-Togot. 9 Calendar Ye		Salany Odlegory/ 001	M = M / D = D / Y = Y = Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 70904.96 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		70004.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan		(a) SUBTOTAL of Itemized Independent Expenditures	72.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan		(c) TOTAL Independent Expenditures	
		with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
[Electronically Filed] Date 09 02 2014		[F1 - +	
Signature			لسنسا لسا

PAGE 14

OF

40

Schedule E)	LINDITOTILO	PAGE 15 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report file	ed on
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination
Mailing Address 106 Wyncrest Ct		08
City State	Zip Code	55.00
Hendersonville TN	37075	Transaction ID: 01e107ec-bf19-456e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	70904.96 Dis	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Kinsey E Beck		08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Glenhaven Ct		Amount
City State	Zip Code	55.00
Harvest AL	35749	Transaction ID: 024b98a0-1177-4d80-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	70904.96 Dis	Sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expen- with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
	Electronically Filed] Date	09
Signature	_	

Schedule E)	VI EXI ENE	TI OTILO	PAGE 16 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination
Mailing Address 103 Glenhaven Ct			08 30 2014
			Amount
City	State	Zip Code	55.50
Harvest	AL	35749	Transaction ID: a142d4c2-7853-4d29-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	70904.96	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	50.00
Shreveport	LA	71104	Transaction ID: 69beba9a-bb5d-4a26-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	273337.51	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 105.50
(1) OUDTOTAL (11):			
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Jigitataro			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Gregory Green	08 30 2014
	Mailing Address 2506 Bolch Street	Amount
	City State Zip Code	14.40
	Shreveport LA 71104	Transaction ID : 7ee6639d-b545-484e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 273337.51 Disbut 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Lily Green	Date of Public Distribution/Dissemination
	Mailing Address 205 Medallion Circle	08 30 2014 Amount
	City State Zip Code	50.00
	Shreveport LA 71119	Transaction ID: 79a61246-f5c1-4d7c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 30 / Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	64.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	CTC1	9 02 2014
	Signature	

PAGE 17

OF

40

Schedule E)	DENT EXICID	ITOTILO	PAGE 18 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 / 30 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	15.00
Shreveport	LA	71119	Transaction ID : e7eeead4-15ea-4824-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		101608.51	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			08 / 30 / 2014
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	40.00
Granite Falls	NC	28630	Transaction ID : 57124aae-7d7a-460d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		. ▶ 55.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent E.	kpenditures)
(c) TOTAL Independent Expenditures			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 02 / 2014
•			

Schedule E)	EXI END	TOTILO		PAGE 19 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends re	eport filed o	on
Full Name of Payee Lucas H Hoyle				Date of Public Distribution/Dissemination
Mailing Address 282 Falls Ave				08 30 2014 Amount
City	State	Zip Code		28.20
Granite Falls	NC	28630		Transaction ID : c8d2804a-75b2-4fd1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	08 / 08 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Ms. Kay Hagan		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbur 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Nick Berryhill				08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive				35 35 251
				Amount
City	State	Zip Code		65.00
Shelby	NC	28152	-	Transaction ID : ca7f7855-0693-4d46-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	01	08 / 30 / 2014
Name of Federal Candidate		Support	t Office	Sought: House District: 00
Ms. Kay Hagan		X Oppose)	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbur 2014	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			····· •	93.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es		····· >	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			····· >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	ate 09	
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 00030766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nick Berryhill	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive	Amount
City State Zip Code	33.75
Shelby NC 28152	Transaction ID: 614cff73-49a7-43af-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 273337.51 Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination
Mailing Address 6101 NORA ST	08 30 2014
Mailing Address 6101 NORA ST	Amount
City State Zip Code	85.00
METAIRIE LA 70003	Transaction ID: ad6fd29d-504c-42c8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 08 / D 30 / Y 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	118.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 02 2014
Signature	

Schedule E)	LIVI EXI END	TTOTILO	⊢	PAGE 21 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.50
METAIRIE	LA	70003	l l	D: 39f87d2c-14f3-48a8-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	101608.51	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Shantal C Culbreath			08 /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4691 Hercules Lane			Amount	
City	State	Zip Code		80.00
Woodbridge	VA	22193		: fd1c360b-012f-4472-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	273337.51	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			81.50
(4) 302 10 112 01 11011120 111000011 2.100110			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· >	4 1 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D D 02	2014
-				

Schedule E)	NI EXI END	TIONES	PAGE 22 FOR SE OF	OF 40 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	Y I Y I Y
Full Name of Payee			Date of Public Distribution/	Dissemination
Francesca Blom			08 / 30	2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602	Transaction ID : 20872f0b Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	08 / 30 /	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	273337.51	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution	Dissemination
Ralph Smith			08 / 30 /	2014
Mailing Address 2090 Fancy Gap Rd			Amount	
City	State	Zip Code		55.00
Mt. Airy	NC	27030	Transaction ID : 9568d99a- Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	08 / 30	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	273337.51	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	∑ General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			115.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 02 Y Y Y 201	
- 3				

Schedule E)	LXI LIIDI	101120		PAGE 23 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ert filed on	M / D D / Y Y Y Y
	New Tepo	ont Americas repo	It filed off	
Full Name of Payee Ralph Smith			M	f Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			Amoun	
City	State	Zip Code		25.44
	NC	27030		action ID: e8f7d76b-2d3c-44e3-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 30 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	73337.51	Disbursement 2014 Ott	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
Francis Richardson				08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amour	nt
		7. 0.1		05.00
City S Lafayette	State LA	Zip Code 70503	Transac	25.00 ction ID: 488431f4-0ce5-4b7d-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		101608.51	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(c) OURTOTAL of the size of body and out Former distance				
(a) SUBTOTAL of Itemized Independent Expenditures			•	50.44
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / 09	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	DENT EXTEND	HOHLO	PAGE 24 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			08 30 / 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	1.17
Lafayette	LA	70503	Transaction ID: de6ffa1c-41f4-44ae-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 30 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		101608.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			08 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	40.00
Winchester	VA	22602	Transaction ID : df79fb66-b26b-4dcd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		41.17
(,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_	

						FOR SE OF	FORM 24/48
NAME OF COMMI					FEC II	DENTIFICATIO	N NUMBER ▼
Women Spea	ak Out PAC				C	C00530766	
Check if 24-ho	ur report 🔀 48-hour re	eport New repo	ort Amends	report filed or	n	/ D = D /	Y = Y = Y = Y
Full Name of P				[Date of Publi	ic Distribution/[Dissemination
Jazmine c					^M 08	30	2014
Mailing Address	100 ASBURY CT			,	Amount		
City		State	Zip Code				40.00
WINCHESTER		VA	22602			ID: 74c64454- ursement or O	-1c79-4755-9
Purpose of Exp Salary	enditure		Category/ Type	001	M M M	30	2014
Name of Feder	al Candidate		Suppo	ort Office S	Sought:	House [District: 00
Ms. Kay Hagar			X Oppos			Senate	State: NC
	ear-To-Date n for Office Sought	2	73337.51	Disburs 2014	ement For:	Primary	General
E " N		, , , , , ,			Other (sp		
Full Name of F Jon E Con					M = M	ic Distribution/I	Y . Y . Y . Y
Mailing Address	100 Asbury Ct			,	08 Amount	30	2014
City		State	Zip Code				40.00
Winchester		VA	22602			D: 0b3a4ddd- oursement or O	46c6-4ab9-9
Purpose of Exp Salary	enditure		Category/ Type	001	M M M	30 /	2014
Name of Feder	al Candidate		Suppo	ort Office S	Sought:	House I	District: 00
Ms. Kay Hagar			Х Орро	se P	resident [X Senate	State: NC
	rear-To-Date on for Office Sought		273337.51	Disburs 2014	ement For: Other (s	Primary	General
(a) SUBTOTAL	of Itemized Independent E	xpenditures		······ [80.00
(b) SUBTOTAL	of Unitemized Independent	Expenditures		····· [1 1 4	
(c) TOTAL Inde	pendent Expenditures			······ •	4	7	
with, or at the re	perjury I certify that the i quest or suggestion of, an any political party commit	y candidate or authorized					
Ms.	Emily Buchanan	[Electroni	cally Filed]	Date 09	/ D D D 02	/ Y Y Y 2014	Y
Signature			-				

PAGE

25

OF

40

Schedule E)	I EXI END	TIONES		PAGE 26 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Rodney O Culbreath			M 08	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		40.00
Winchester	VA	22602		ID : fa16fd86-4e61-4a8d-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	273337.51	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Rodney D Culbreth			08	30 2014
Mailing Address 100 Asbury CT			Amount	
3200 Dam Neck Rd				
City Winchester	State VA	Zip Code 22602		40.00 D: 3bd94e9e-553f-49dd-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	273337.51	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	9S		·	80.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
			-	4
(c) TOTAL Independent Expenditures			· >	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 02	2014
- Jigilatai o				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	40.00
Winchester VA 22602	Transaction ID : d5f854cb-9555-4473-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 30 / 2014
Name of Federal Candidate Suppo	rt Office Sought: House District:00
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought 273337.51	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payer	
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination 08 30 2014
Mailing Address 1436 Haigs Creek Dr	Amount
City State Zip Code	130.00
Elgin SC 29045	Transaction ID : 92e6a143-0260-46a5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 30 / 2014
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Mr. Mark L Pryor Oppos	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 70904.96	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······ >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 02 2014
Signature	

PAGE

OF

40

Sch	nedule E)	EXI ENDI	TOTILO				PAGE 28 OF 40 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Oh a	al. # 04 have variet V 40 have variet	Nau zaz			ut filed as	M = M /	D = D / Y = Y = Y
Une	ck if 24-hour report X 48-hour report	X New repo	ort An	nends repo	ort filed on		
	Full Name of Payee Randy M Gold				Da	ate of Public	Distribution/Dissemination 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1436 Haigs Creek Dr				Aı	mount	التنا لتنا
-	City S	State	Zip Code		$ \Gamma$		74.04
	Elgin	SC	29045				D : 253d6bae-6952-4872-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M M	30 / 2014
I	Name of Federal Candidate			Support	Office Sc	ought:	House District:00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		70904.96		Disburse 2014	ment For: Other (sp	Primary ☐ General
	Full Name of Payee				D	ate of Public	c Distribution/Dissemination
	Kaleigh J Wagner					M = M /	30 / Y Y Y Y Y Y Y
1	Mailing Address 18065 Wayne Rd					UO	30 2014
Ì	10000				Α	mount	
ŀ	City	State	Zip Code				130.00
	Odessa	FL	33556				D: 2f97f2ff-99a1-4f3e-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			08	30 7 2014
	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pro	esident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		70904.9	96	Disburse 2014	ment For: Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures.				·· •	7	204.04
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es					4 1 4
(0	c) TOTAL Independent Expenditures				•		7
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	09	/ DID 02	/ Y Y Y Y Y Y 2014
	Signature		_	_ 5.10			

Schedule E)	LIVI EXI EIVE	JII OII LO	PAGE 29 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08 / 30 / 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	50.00
Search	AR	72149	Transaction ID : 3b6e6c64-459b-4e66-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	70904.96	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			08 / 30 / 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	31.50
Search	AR	72149	Transaction ID : 03003c8b-ecd3-47ee-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		70904.96	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		81.50
(,)			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 02 7 2014
J			

Schedule E)	JENT EXI ENE	ATTOTILES	PAGE 30 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination
Mailing Address 5133 Lord Bryon Road			08 / 30 / 2014
			Amount
City	State	Zip Code	70.00
Wilmington	NC	28405	Transaction ID: 7b7aea1a-aeb5-4b32-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	273337.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			08 30 2014
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	16.80
Wilmington	NC	28405	Transaction ID: d89d5f0f-2738-4d3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		86.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>
(c) TOTAL Independent Expenditures			>
	indidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J.g			

Sche	edule E)	EXI END	TOTILO		PAGE 3	1 OF 40 OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICAT	
Wo	men Speak Out PAC				C C00530766	
Check	c if 24-hour report X 48-hour report	New repo	ort Amends r	report filed	on M M / D D	/ Y = Y = Y
Fu	ull Name of Payee				Date of Public Distribution	n/Dissemination
	Amelia Brackett				08 30	2014
M	lailing Address 804 Roundabout Circle				Amount	
С	ity	State	Zip Code			30.00
5	Searcy	AR	72143		Transaction ID : 398852 Date of Disbursement or	
	urpose of Expenditure Salary		Category/ Type	001	08 / 30	2014
N	ame of Federal Candidate		Suppor	t Office	Sought: House	District: 00
M	/Ir. Mark L Pryor		X Oppose		President Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	70904.96	Disbu 2014	rsement For: Prima Other (specify) ▶	ry X General
	ull Name of Payee				Date of Public Distribution	on/Dissemination
/	Amelia Brackett				M M / D D	/ Y Y Y Y
	Mailing Address 804 Roundahout Circle				08 30	2014
	804 Roundabout Circle				Amount	
С	ity	State	Zip Code			21.90
	Searcy	AR	72143		Transaction ID: 127fb52 Date of Disbursement or	d-99b5-4d66-a Obligation
	urpose of Expenditure Mileage		Category/ Type 0	002	08 / 30	2014
N	ame of Federal Candidate		Suppor	rt Office	Sought: House	District:00
N	∕Ir. Mark L Pryor		X Oppose	e	President Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	70904.96	Disbu 2014	rsement For: Prima Other (specify) ▶	ry X General
(0)	SUBTOTAL of Itemized Independent Expenditures					51.00
(a)	SUBTOTAL of hernized independent expenditures	,		······· Þ		51.90
(b)	SUBTOTAL of Unitemized Independent Expenditu	res		·····	4 1 4	-
(c)	TOTAL Independent Expenditures			······	7 7	1 10
with	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date 0		014
	Signature		_	3.0		

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Parker H Morrow	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 506 N Horton Street	Amount
	City State Zip Code	40.00
	Searcy AR 72143	Transaction ID : 29d242f1-45d4-4dd3-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 30 Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	70004.00	ursement For: Primary X General
	Per Election for Office Sought 70904.96 2014	Other (specify) ▶
	Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
	Mailing Address 506 N Horton Street	08 30 2014
	5 300 N Hotel Greek	Amount
	City State Zip Code	24.00
	Searcy AR 72143	Transaction ID: 4c139911-6172-4ec5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 30 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	64.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	09 02 2014
	Signature	2017

PAGE 32

OF

40

Schedule E)	DENT EXTEND	ATOTILO	PAGE 33 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	nrt New re	port Amends repo	rt filed on
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination
Mailing Address 6544 Arno College Grove R			08 30 2014
a	u		Amount
City	State	Zip Code	90.00
College Grove	TN	37046	Transaction ID: 94710355-518f-461c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 30 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		70904.96	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Parker H Morrow			08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	90.00
Searcy	AR	72143	Transaction ID: 18eacb23-b021-4c64-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		70904.96	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		180.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •
			492 492 492
(c) TOTAL Independent Expenditures			>
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fi	iled on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Parker H Morrow	08 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street	Amount
City State Zip Code	61.80
Searcy AR 72143	Transaction ID : f34c2ff4-a4e7-465d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Odioridal Todi To Bato	isbursement For: Primary
Full Name of Payer	
Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination 08 30 2014
Mailing Address 102 S Main Street Apt A2	Amount
City State Zip Code	80.00
Berryville VA 22611	Transaction ID : 1f4a6627-d98a-4462-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 030 / 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	141.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

40

	1		FOR SE OF	FORM 24/48
	MMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomen	Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D = D /	Y I Y I Y I Y
Full Name		of Pub	olic Distribution/	Dissemination
	n S Tuttle	M M M	30 /	2014
Mailing Ad	dress 404 Chancery Park Ct Amo	ount		
City	State Zip Code			70.00
Kernersvi	e NC 27284 Trai		n ID: 52bdb8cl bursement or 0	o-65d6-44f4-a
Purpose of Salary	Expenditure Category/ Type 001	M	30	2014
Name of	ederal Candidate Support Office Sou	ght:	House	District:00
Ms. Kay I			Senate	State: NC
	dar Year-To-Date lection for Office Sought Disbursement 273337.51 Disbursement 2014		Primary specify) ▶	X General
Full Name				/Diagonalisation
	n S Tuttle	M M M 08	olic Distribution	2014
Mailing A	404 Ondriodry Faire Ot	ount	30	2014
City	State Zip Code			6.30
Kernersv	le NC 27284 Tran		ID: e1efc76f-0 bursement or 0	
Purpose of Mileage	f Expenditure Category/ Type 002	M 08	30	2014
Name of	ederal Candidate Support Office Sou	ght:	House	District: 00
Ms. Kay I	agan Oppose Pres	ident	X Senate	State: NC
	dar Year-To-Date lection for Office Sought Disbursem 273337.51		Primary specify) ▶	General
(a) SUBTO	TAL of Itemized Independent Expenditures			76.30
(b) SUBTO	TAL of Unitemized Independent Expenditures			
(c) TOTAL	Independent Expenditures		7 -7-	
with, or at	Ity of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or (sittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 09	02		4
Signatu	24.0			

PAGE

35

OF

40

Schedule E)	ENT EXI ENE	THORIEG	PAGE 36 OF 40 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr			08 30 2014 Amount
City	State NC	Zip Code	75.00 Transaction ID : 7ede03ce-3206-45db-8
Greensboro Purpose of Expenditure Salary	NC .	Category/	Date of Disbursement or Obligation
Name of Federal Candidate		Type 001 Support	08 30 2014 Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr			08 30 2014 Amount
City	State	Zip Code 27407	17.70 Transaction ID : b1b14ddc-4565-4d5c-8
Greensboro Purpose of Expenditure Mileage	- NO	Category/ 002	Date of Disbursement or Obligation 08 30 2014
Name of Federal Candidate		Type Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	tures		92.70
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / 2014

Sched	ule E)	EXI ENDI	TOTILO		PAGE 37 OF 40 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 🔀 48-hour report	New repo	ort Amends repo	rt filed on	= M / D = D / Y = Y = Y = Y
Full	Name of Payee			Date of	of Public Distribution/Dissemination
	anielle McCoy			M	08 / 30 / 2014
Maili	ing Address 1025 Cayley Ct			Amou	nt
City		State	Zip Code		40.00
	h Point	NC	27260		action ID: 2a56bf5c-ba52-497f-a of Disbursement or Obligation
Purp Sala	oose of Expenditure ary		Category/ Type 001		08 30 7 2014
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	73337.51	Disbursement 2014 Or	t For:
	Name of Payee			Date of	of Public Distribution/Dissemination
Da	anielle McCoy			M	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 1025 Cayley Ct				00 30 2014
	To Easyley et			Amou	nt
City		State	Zip Code		14.70
	h Point	NC	27260	Transa Date	oction ID : 1e03cc8d-d67a-46cd-9 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	M	08 / 30 / 2014
Nam	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7 7	273337.51	Disbursemen 2014 O	nt For: Primary
(a) S	UBTOTAL of Itemized Independent Expenditures	f		· -	54.70
(b) S	UBTOTAL of Unitemized Independent Expenditu	res		•	
(c) T	OTAL Independent Expenditures			· [7 7
with,	r penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M M /	02 2014
Sig	gnature				

Sc	hedule E)	71101120		PAGE 38 OF 40 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	ck if 24-hour report X 48-hour report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Т	Full Name of Payee Jeffrey Hampton			lic Distribution/Dissemination
-	Mailing Address 1700 E Part Ave		08	30 / 2014
١			Amount	
ı	City State	Zip Code		36.60
	Searcy AR	72149		ID: d7132df1-434e-408d-b oursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 08	30 / 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	70904.96	Disbursement For: 2014 Other (s	Primary
ſ	Full Name of Payee		Date of Pub	lic Distribution/Dissemination
1	Jeffrey Hampton		08	30 / 2014
ľ	Mailing Address 1700 E Part Ave			2011
1			Amount	
ŀ	City State	Zip Code		19.53
	Searcy AR	72149	Transaction Date of Disk	ID: f4084911-3a35-4cd2-b oursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 08	30 / 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	70904.96	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		. •	56.13
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		>	7 1 7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron	nically Filed] Date	9 09 02	2014
	Signature			

Schedule E)	LIVI EXI ENL	THORIES	PAGE 39 OF 40 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
Ms. Tonya Boyd			08 30 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount		
City	State	Zip Code	55.00		
Mt. Airy	NC	27030	Transaction ID: b7fcad68-6391-4bbd-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	273337.51	Disbursement For:		
Full Name of Payee			Date of Public Distribution/Dissemination		
Ms. Tonya Boyd			08 30 2014		
Mailing Address 2357 Fancy Cap Rd			Amount		
City	State	Zip Code	25.89		
Mt. Airy	NC	27030	Transaction ID: 06c5dcca-5873-4744-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		273337.51	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expen	ditures		80.89		
			7 7 7		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>		
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule	E)	II EXI END			PAGE 40 OF 40 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	Speak Out PAC				C C00530766
Oh a alı if	24-hour report X 48-hour report	New rep	Amanda yana	w filed on	= M / D = D / Y = Y = Y
Check if		New rep	ort Amends repo	ort filed on	
	^{me of Payee} idon Wheeler				of Public Distribution/Dissemination
Mailing	Address 10112 Piney Creek Ct			Amou	
City		State	Zip Code	- [50.00
Charol	ette	NC	28215		action ID : ab739486-d2d3-443b-9 of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001	M	08 30 / 2014
Name o	of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Ma	rk L Pryor		X Oppose	Preside	ent State: AR
	alendar Year-To-Date r Election for Office Sought	, ,	70904.96	Disbursemen 2014 O	t For: Primary General ther (specify) ▶
	me of Payee			Date	of Public Distribution/Dissemination
Bran	don Wheeler			N	08 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 10112 Piney Creek Ct				00 30 2014
	,			Amou	nt
City		State	Zip Code		25.50
Charol		NC	28215		oction ID: dabbbdfc-bcce-430e-a of Disbursement or Obligation
Purpos Mileag	e of Expenditure le		Category/ Type 002		08 / 30 / 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Ma	ırk L Pryor		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7 7	70904.96	Disbursemen 2014	at For:
(a) SUB	TOTAL of Itemized Independent Expenditur	es		•	75.50
(b) SUB	TOTAL of Unitemized Independent Expendi	tures		· •	
(c) TOTA	AL Independent Expenditures			•	3253.43
with, or a	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	, 09 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signa	iture				